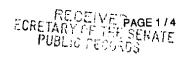
# 5020102359

# FEC FORM 2 STATEMENT OF CANDIDACY



:5 FEB-9 FM 3:12

910 N 6TH ST	COMMITTEE  ttee for the 2020 election(s). (year of election)  50393  COMMITTEES (ss)
b) Address (number and street) 910 N 6TH ST  c) City, State, and ZIP Code RED OAK Party Affiliation REPUBLICAN PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN Contents of the instructions.  In thereby designate the following named political committee as my Principal Campaign Committee.  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full) JONI FOR IOWA  (b) Address (number and street) PO BOX 93441  (c) City, State, and ZIP Code DES MOINES  I hereby authorize the following named committee, which is NOT my principal campaign commit candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)	S4IA00129  3. Is This Statement (N) OR (A)  Amended (A)  to of Candidate  COMMITTEE  ttee for the 2020 election(s). (year of election)
g10 N 6TH ST  c) City, State, and ZIP Code RED OAK  Party Affiliation REPUBLICAN PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN OF the principal Campaign Committee as my Principal Campaign Committee (in full) JONI FOR IOWA  (b) Address (number and street) PO BOX 93441  (c) City, State, and ZIP Code DES MOINES  I hereby authorize the following named committee, which is NOT my principal campaign committee (and principal campaign committee)  I hereby authorize the following named committee, which is NOT my principal campaign commit candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)	3. Is This Statement (N) OR (A)  Amended (A)  It of Candidate  COMMITTEE  Ittee for the 2020 election(s). (year of election)
City, State, and ZIP Code RED OAK  Party Affiliation REPUBLICAN PARTY  DESIGNATION OF PRINCIPAL CAMPAIGN Content of the instructions.  In A State & District of the instruction of the instructions.  In A State & District of the instruction of	Statement (N) OR (A)  It of Candidate  COMMITTEE  Ittee for the 2020 election(s).  (year of election)
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hereby designate the following named political committee as my Principal Campaign Committee  NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  JONI FOR IOWA  (b) Address (number and street)  PO BOX 93441  (c) City, State, and ZIP Code  DES MOINES  IA  DESIGNATION OF OTHER AUTHORIZED Committee (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee (and Name of Committee)  NOTE: This designation should be filed with the principal campaign committee.	ttee for the 2020 election(s). (year of election)  50393  COMMITTEES es)
NOTE: This designation should be filed with the appropriate office listed in the instructions.  (a) Name of Committee (in full)  JONI FOR IOWA  (b) Address (number and street) PO BOX 93441  (c) City, State, and ZIP Code DES MOINES  IA  DESIGNATION OF OTHER AUTHORIZED Company (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committeed and including committees.  NOTE: This designation should be filed with the principal campaign committee.	(year of election)  50393  COMMITTEES es)
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(a) Name of Committee (in full)	
(a) Name of Committee (in full) VICTORY TRUST 2014	
	,
(b) Address (number and street) 228 S WASHINGTON STREET SUITE 115	
(c) City, State, and ZIP Code	00014
ALEXANDRIA VA	22314
I certify that I have examined this Statement and to the best of my knowledge an	and helief it is true, correct and complete.
Ignature of Candidate	and South to the state of the s
ONI ERNST	Date
	Date
OTF: Submission of false, erroneous, or incomplete information may subject the person signing	02/05/2015
OTE: Submission of false, erroneous, or incomplete information may subject the person signing	02/05/2015

#### FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)				Page 2/
	OTHER AUTHORIZ			[ ADDITIONAL ]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign comm	ittee, t	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the princip	pal campaign committee.			
(a) Name of Committee (in full) FOUNDERS SENATE CANDIDA	TE COMMITTEE	<u> </u>		
(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115				
(c) City, State and ZIP Code ALEXANDRIA	VA	١	22314	
	OTHER AUTHORIZ			[ ADDITIONAL ]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign comm	ittee, to	receive and expend funds	on behalf of my
NOTE:This designation should be filed with the princip	pal campaign committee.			
(a) Name of Committee (in full)			<del></del>	<u> </u>
SRGE VICTORY FUND				
(b) Address (number and street) 901 N WASHINGTON ST SUITE 700	-	<u> </u>		
(c) City, State and ZIP Code		· · ·		
ALEXANDRIA	VA		22314	
	OTHER AUTHORIZ ng Joint Fundraising Repre		— — —	[ ADDITIONAL ]
I hereby authorize the following named committee, which is NOT candidacy.	my principal campaign commi	tee, to	receive and expend funds o	on behalf of my
NOTE:This designation should be filed with the principal	al campaign committee.			
(a) Name of Committee (in full)			<u> </u>	
WINNING WOMEN FOR THE US	SENATE			
(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115				
(c) City, State and ZIP Code				<u>.                                    </u>
ALEXANDRIA	VA		22314	

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## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy,  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  ERNST VICTORY FUND  (b) Address (number and street) 500 CUMMINGS CENTER SUITE 4400 C/O RED CURVE SOLUTIONS  (c) City, State and ZiP Code BEVERLY  MA  O1915  DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  VA  22314	FEC Form 2 (Rev. 02/2003)				Page 3 /
NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) ERNST VICTORY FUND  (b) Address (number and street) 500 CUMMINGS CENTER SUITE 4400 CO RED CURVE SOLUTIONS  (c) City, State and ZIP Code BEVERLY MA 01915  DESIGNATION OF OTHER AUTHORIZED COMMITTEES [Including Joint Fundraising Representatives) I hereby suthorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  DESIGNATION OF OTHER AUTHORIZED COMMITTEES [Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 8 WASHINGTON ST STE 115	DESI				[ ADDITIONAL ]
(a) Name of Committee (in full)  ERNST VICTORY FUND  (b) Address (number and street) 500 CUMMINGS CENTER SUITE 4400 CO RED CURVE SOLUTIONS  (c) City, State and ZIP Code BEVERLY  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  VA 22314  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address fourneer and street) 228 S WASHINGTON ST STE 115	i hereby authorize the following named comm candidacy.	ittee, which is NOT my principal ca	ampaign committee, t	o receive and expend funds	on behalf of my
(a) Name of Committee (in full)  ERNST VICTORY FUND  (b) Address (number and street) 500 CUMMINGS CENTER SUITE 4400 CO RED CURVE SOLUTIONS  (c) City, State and ZIP Code BEVERLY  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  VA 22314  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address fourneer and street) 228 S WASHINGTON ST STE 115	NOTE:This designation should be file	ed with the principal campaign	committee.		
SOC CUMMINGS CENTER SUITE 4400 C/O RED CURVE SOLUTIONS  (c) City, State and ZIP Code BEVERLY  MA 01915  DESIGNATION OF OTHER AUTHORIZED COMMITTEES [ADDITIONAL (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	• •	IND			
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(Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115			МА	01915	
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(a) Name of Committee (in full)  MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	I hereby authorize the following named commit candidacy.	ttee, which is NOT my principal car	mpaign committee, to	receive and expend funds	on behalf of my
MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)  (b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA  DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	NOTE:This designation should be file	d with the principal campaign c	ommittee.		
(b) Address (number and street) 901 N WASHINGTON ST SUITE 700  (c) City, State and ZIP Code ALEXANDRIA   DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	• •	COTTON SULLIVAN	VICTORY F	UND (MECS VI	CTORY FUND)
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	(b) Address (number and street)				
DESIGNATION OF OTHER AUTHORIZED COMMITTES (Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115					
(Including Joint Fundraising Representatives)  I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115	ALEXANDRIA		VA	22314	
NOTE:This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street)  228 S WASHINGTON ST STE 115  (c) City, State and ZIP Code	DESIG				[ ADDITIONAL ]
(a) Name of Committee (in full)  FLORIDIANS FOR A SENATE MAJORITY  (b) Address (number and street) 228 S WASHINGTON ST STE 115  (c) City, State and ZIP Code	hereby authorize the following named committee candidacy.	ee, which is NOT my principal cam	paign committee, to	receive and expend funds o	in behalf of my
(b) Address (number and street) 228 S WASHINGTON ST STE 115  (c) City, State and ZIP Code	NOTE:This designation should be filed	with the principal campaign co	ommittee.		
(b) Address (number and street) 228 S WASHINGTON ST STE 115  (c) City, State and ZIP Code	•	·····			
228 S WASHINGTON ST STE 115  (c) City, State and ZIP Code	FLORIDIANS FOR A S	ENATE MAJORITY			
AL EYANDRIA		5			
ALEXANDRIA VA 22314	(c) City, State and ZIP Code				
	ALEXANDRIA		VA	22314	

### FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02)	/2003)				Page 4 /
	DESIGNATION OF (Including	OTHER AUTHORS			[ADDITIONAL]
I hereby authorize the following name	ed committee, which is NOT n	ny principal campaign	committee, to	receive and expend funds	s on behalf of my
NOTE:This designation shou	ld be filed with the principa	al campaign commit	itee.		
(a) Name of Committee (in fu	IINNING WOMEN				
(b) Address (number and stre 228 S WASHINGTON ST	eet) I STE 115				
(c) City, State and ZIP Code					
ALEXANDRIA			VA	22314	
	DESIGNATION OF (Including	OTHER AUTH( g Joint Fundraising			[ ADDITIONAL ]
I hereby authorize the following name candidacy,	d committee, which is NOT m	ly principal campaign	committee, to r	receive and expend funds	on behalf of my
NOTE: This designation should	d be filed with the principal	campaign committ	ee.		
(a) Name of Committee (in ful	11)				
RECLAIM THE S	ENATE 2014				
(b) Address (number and stree 228 S WASHINGTON ST STE 115	et)				
(c) City, State and ZIP Code					
ALEXANDRIA			VA	22314	
ı	DESIGNATION OF O	THER AUTHO Joint Fundraising F			[ADDITIONAL]
hereby authorize the following named candidacy.	committee, which is NOT my	/ principal campaign o	ommittee, to re	ceive and expend funds o	on behalf of my
NOTE:This designation should	be filed with the principal	campaign committe	e.		
(a) Name of Committee (in full)	)				
NEW SENATE M	AJORITY 2014				
(b) Address (number and stree 901 N WASHINGTON ST	t) SUITE 700				
(c) City, State and ZIP Code					
ALEXANDRIA			VA	22314	

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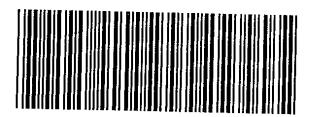
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